Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78711-2070	(512)463-5800	1-800-325-8506		
CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1					
The C/OH INSTRUCTION this form.	N Guide explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	30		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE US	E ONLY		
NAME	ROGER O NICKNAME LAST SUFFIX	Date Received	77 ±0 7.110		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE P. D. 130 x 2233	Date Hand-delivered or De	The second second		
Change of Address  5 CANDIDATE/	SAN ANTONIO, TEX 78291-2233 AREA CODE PHONE NUMBER EXTENSION		\$:30		
OFFICEHOLDER PHONE	(210)	Receipt # A	mount		
<sup>6</sup> CAMPAIGN TREASURER NAME	MS (MRS-MR FIRST MI)  NICKNAME FANT P.  SUFFIX  FLORES	Date Processed  Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE:  306 VITA MAC, San A	zip code into Nio,	Tx78216		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION $(210)$ $240-3777$	•			
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campa appointment (officeho	older only)		
10 PERIOD COVERED	Month Day Year THROUGH 12/31,	Year			
11 ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year Primary Runoff	General	Special		
12 OFFICE	City Councilman Distr 1 13 OFFICE SOUGHT (# know	n)			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the can Candidates are required to disclose this information only if they receive notification of the direction of the directio	ididate's prior consent or ap ect campaign expenditure.	iproval.		
additional pages		74			

**GO TO PAGE 2** 

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

***************************************			
15 C/OH NAME	Rog	ER O. Flores	16ACCOUNT#(Ethics Commission filers)
17 NOTICE FROM POLITICAL	This box is for no may have been made	tice of political expenditures by political committees to support the candid a without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures.	late / officeholder. These expenditures les and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	0. 0.1.0
	GENERAL	COMMITTEE ADDRESS	5 CO
	SPECIFIC		7 83
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	. 30
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,208.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 14,124,64
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	<b>\$</b>
AFFIX NOTATION	S. OR AND VE	I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.  Signature of Candi	
Sworn to and subscrib	NI to	the said ROLL FILES tify which, witness my hand and seal of office.	, this the day
Signature of officer ad	Κ	melindu s. lopet No	le of officer administering oath

## **POLITICAL CONTRIBUTIONS**

P.O. Box 12070

SCHEDULE A

	OTHER THAN PLEDGES OR LOANS				
	The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A: 25
2	FILER NAME	ROGER O. Ho	205	3 ACCOUNT # (Et)	nics Commission filers)
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	7/,	Jose H. Medellin, Spec 6 Contributor address; City; State; Zip Code	ial Acct	contribution (\$)	description (if applicable)
	1/1/03	300 ARBOR PI SAWKNTONIU, TX	1820T	150.00	
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
_	· moparous		,		
	Date	Full name of contributor Out-of-state PAC (IDI:		Amount of contribution (\$)	In-kind contribution(// description (if applicable)
	rp/ /	CARTER & BURSESS PO	liter/	(¢)	
	1/9/	Contributor address; City; State; Zip Code	Lommittee	50000	
	1103	911 CENTRAL PARKWAY 1	VORTK	300.	ါ မ
		3A Tex	·		
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution description (if applicable)
	./,	PATRICK H. SWEARINS	en, JR	contribution (\$)	description (in approache)
	7/1/	Contributor address; City; State; Zip Code		000	
	11/03	310 ARS4/e -	7	50.	: !
		SAN ANTONIO, TEX	18209	<u> </u>	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
=	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
	11	JOHN R. HANNAH	Co, LLP.	contribution (\$)	description (if applicable)
	7/1/	Contributor address; City; State; Zip Code		100,00	1
	11/168	800 NAVARRO, Suite		100.	1
		GANANTUNIU, TEX		<u> </u>	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributorout-of-state PAC (ID#:_		Amount of	In-kind contribution description (if applicable)
	1.1	SA. HOTELE Lodging Asso	c. PAC Auct	contribution (\$)	description (in applicable)
.	11.1	Contributor address; City; State; Zip Code		2-20	1
	1/8/03	P.O.BOX 691754 SAN ANTONIO, TX 782	216	1250.	İ
L			1	1	
	Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



Printed on recycled paper

Revised 11/05/2003

#### SCHEDULE A

The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	ROGER O. Flo	Res	3 ACCOUNT # (Eth	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_	)	7 Amount of	8 In-kind contribution
7//	Christophen C. Hi	//	contribution (\$)	description (if applicable)
1/0/	6 Contributor address; City; State; Zip Code		# . 17	
18/04	5111 BROALWAY		T100,00	<u>C.</u>
,0	SAN ANTUNIO, 1	X 7820 9	_	
<ol><li>9 Principal occup</li></ol>	pation / Job title (See Instructions)	10 Employer (See In	structions)	9 3
		L		-0
Date	Full name of contributor	)	Amount of	In-kind contribution
. /	LINDA G RIVAS		contribution (\$)	description (if applicable)
<b>101</b> //				
<b>"</b> '/3/	Contributor address; City; State; Zip Code	1:- 16.71	000	
1 /13	2926 KERRI El	IZADEIR	<i>50.</i>	
100	SAN ANTONIO TXT	18237		
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
			,	
Date	Full pame of contributor Out-of-state PAC (ID#:	)	Amount of	In-kind contribution
/ /		,	contribution (\$)	description (if applicable)
10/1	JAMES M. Pyle			•
124.	Contributor address; City; State; Zip Code		1000	
103	21941 LOMA Vieu	, East	43	
	SAN ANTONIO, TEX		1 5	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	<u>'</u>	Dipoya (occina		
Date	Eull name of contributor Out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
· / /	PAMELA W. BAIN	OFHPADU C	contribution (\$)	description (if applicable)
10/1		BAIN	~	İ
124	Contributor address; City; State; Zip Code	DAIN	Ma ou	
103	1026 CENTRA PRY S	_	10.	
	SAN ANTUNIO, TXT	8 2 32-5021	,	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	etnuctions)	
	· · · · · · · · · · · · · · · · · · ·	Lin proyer (oce in	su dedoris)	
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of	In-kind contribution
10/1	TURNER, COITIE & BRA	NORI PACE	contribution (\$)	description (if applicable)
[0]	rangan kabupatèn Kab		ا رزد	
12/20	Contributor address; City; State; Zip Code		AIID	
105	10. Box 1300		MIIV.	
	HOUSTON, TEXA 77	219	•	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	•			
			· · · · · · · · · · · · · · · · · · ·	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A

The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	ROGER O. Flor	es	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_  RAYMOND J. Weld	'er, III	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/03	6 Contributor address; City, State; Zip Code 115 & TAAU'S, Su, to SAN ANTONIU, TX	1235	\$250.00	O C
9 Principal occur	ention / lob title (See Instructions)			-1
9 Filiopaloccu	pation / Job title (See Instructions)	10 Employer (See In:	structions)	E con
Date	Full name of contributor Out-of-state PAC (ID#:_ Susaw Dur Den or	DON	Amount of contribution (\$)	In-kind contribution (in applicable)
19/17/	Contributor address; City; State; Zip Code	Durpen	1	
03	411 FM 473 COMFORT, TX		100.00	0.870 31
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:_  DAVID TEBARDARA J Co	OVARRUBIAS	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/17/03	Contributor address; City, State; Zip Code 11386 CANDLE PARK		100.00	
	2A Tex 78249			
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date  Q//	Full name of contributor Out-of-state PAC (ID#:  BRENDA V. Johnson OR JERRY		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/16/63	Contributor address; City, State; Zip Code 13055 N. Hunters Ci	R	1500.00	
	SAN ANTUNIO, TX	78230		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
G/I	Stephen OR Christine Contributor address; City, State: Zio Code	HURVATA	contribution (\$)	description (if applicable)
1/17/03	10838 PARRIGIN R		500.00	
Dia :		8023		
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	ROGER O. Flore	2	3 ACCOUNT # (Etr	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	):	7 Amount of	8 In-kind contribution
10/1	RICHARD TAME		contribution (\$)	description (if applicable)
12/03	6 Contributor address; City, State; Zip Code 4/5-W. FRENCH		100,00	
, ,	SAN ANTONIO, TEX	18212		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
71/				description (if applicable)
115/	Consulting Engineers Contributor address; City, State; Zip Code)	820	\$100.°°	
100	HUSTIN, TX 187	01		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
$r = \int_{-r}^{r} dr$	DSABC/ PAC		contribution (\$)	description (if applicable)
12/	Contributor address; City; State; Zip Code		150,00	
103	SAN ANTONIO, TX 78	2/5	0,50.	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
	R. BARRETT		contribution (\$)	description (if applicable)
10/28/	Contributor address; City; State; Zip Code		2-00	 
63	GOY MANOR DR. SON ANTONIO, TX T	18276	25.	
Dringing Loop				
Filiopaloco	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (IDN:_  GREGORY R. GARZA	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/20/2	CREJURY R. GARZA  Contributor address; City, State; Zip Code  15527 DAWN CREST		25000	1
10)	SAN ANTONIO, TX 78	1248	A	1
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	I
		, ., .,	,	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL CONTRIBUTIONS**

#### SCHEDULE A

OTHER THAN PLEDGES OR LOANS				
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	LOGER O. Flore	5	3 ACCOUNT # (Eth	ics Commission filers)
	5 Full name of contributor □ out-of-state PAC (ID#:_  MARY O. MONTCZ  6 Contributor address; City; State; Zip Code	ROBERTO	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
12403	142 Elmo Aue SAN ANTONIO, 1		38	r 10
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In		1100
Date	Full name of contributor   out-of-state PAC (ID)*:  MAJOR Thomas C	Lopez	Amount of contribution (\$)	In-kind contribution description (if applicable)
128/03	MAJOR THOMAS C contributor address; City, State; Zip Code 305 S. Nueces ST SAN ANTONIO Tex T	18207 - 421	# 100.°°	; 3   OKIO
Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	
Date	Full name of contributor   out-of-state PAC (ID#:    January   P. Martiger   Captributor address; City, State; Zip Code	or MARie	Amount of contribution (\$)	In-kind contribution description (if applicable)
128	131 Spacious SKY SAN ANTONIO, TX		25.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date / 0/28/	Full name of contributor   out-of-state PAC (ID#: MARY A. HEWRY G. C. Contributor address; City; State; Zip Code 2002 N Louston	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	X 78207 Employer (See In	structions)	
10/28/ 03	Full name of contributor   Out-of-state PAC (1D#:  ESESUIC   Almague  Contributor address; City, State; Zip Code  116 Chesterticld  AND ANTONIO, IX		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
		<del>*************************************</del>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A

		·	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
ROGER O.F	lores	3 ACCOUNT # (Etr	nics Commission filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
Minerva or Joe JS	· / /	contribution (\$)	description (ifapplicable)<
MINERVA OF LIVE OF J	MUCHEZ		
6 Contributor address; City, State; Zip Code		1	
1/10/		1 / 10	Un 三岩
12/12 8907 Shapy Hills		150.	wagen
103 SANANTONIO, TX	78250	27 0	
9 Principal occupation / Job title (See Instructions)	10 Employer (See In	structions)	• 5
Date Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	1 1/1:0-	contribution (\$)	description (if applicable)
10/ ANDREW M. GUERN	4 01 171166		i }
Contributor address; City, State; Zip Code	Guilon	λ .	
128 14219 Hunter #,11		1000	
// 3		Q),	
5. A. Tex 18219			
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
Date Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
$\Lambda$		contribution (\$)	description (if applicable)
DARIO ChAPA	•		! 
Contributor address; City, State, Zip Code		- 4	
128/2 635 W. Woodlaw	17 ×	1000	
13		100.	
3ANANTONIO, TX	18212		1
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
Date Full name of contributorout-of-state PAC (ID#:	1	Amount of	In kind contribution
	121	contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code	CO D CO		1
Contributor address; City, State; Zip Code	IN MUHRINEZ		
12 . 4212 Medical Dr	, # 71 <i>0</i>	100 60	
		[00.	
5A. TX 78229			
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
Date Full name of contributorout-of-state PAC (ID#:_	,	Amount of	In kind ac-t-t
	Taula-	contribution (\$)	In-kind contribution description (if applicable)
10/ JERARDO J. MON	TANCZ		· · · · · · · · · · · · · · · · · · ·
Contributor address; City, State; Zip Code		-00	
1tol 2.co sale c Dd		45.	
103 318 - upple > red		(1) 3'	
DAN ANTONIOT	x78237		, 
Principal occupation / Job title (See Instructions)	Employer (See to	structions)	
, ···,	Li pioyei (see in	au dedot is j	
	<del></del>	17-7-10-10-10-10-10-10-10-10-10-10-10-10-10-	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	N GUIDE explains how to complete this form.	1 Total pages Sche	dule A:
2 FILER NAME	ROGER O. Flores	3 ACCOUNT # (Eth	nics Commission filers)
4 Date  / 0/ /28/ 03	5 Full name of contributor   out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)  10 Employer (See In	structions)	
Date  //28/ //33  Principal occup	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind complution description (if applicable)
Date 10/31/03 Principal occur	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date  1 0 / 25 / 25 / 25 / 25 / 25 / 25 / 25 /	Full name of contributor out-of-state PAC (ID#:  SAN ANTON: OF REFISHERS PAC  Contributor address; City, State; Zip Code  8927 West IH 10  SAN ANTON: OTX 18230  pation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date  10/28/ 03  Principal occup	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
i			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

		*** · · · · · · · · · · · · · · · · · ·		
The Instruction	Guide explains how to complete this form.		1 Total pages Sched	dule A:
2 FILER NAME	ROGERO, Flo	1885	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:  LUAC COUNC; H  6 Contributor address; City; State; Zip Code  14/6 CAllashan R  14/6 CAllashan R	649 Insela Gancia	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
128/03	1416 CAllashan Re SAN ANTON; O.T.	H H 18228	100.00	W 10
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:_  Johson Properties	)	Amount of contribution (\$)	In-kind condition description (if applicable)
/21/	Contributor address; City; State; Zip Code  PO. Box 101136  BAN ANTONIO, T	x 78201	200.00	3 %
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor   out-of-state PAC (ID#:	14	Amount of contribution (\$)	In-kind contribution description (if applicable)
705/03	97 LONS FURD SANANTONIU, TX	78209	250.	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date / /	Full name of contributor   Out-of-state PAC (ID#:	ETIN, M.D.	Amount of contribution (\$)	In-kind contribution description (if applicable)
127/03	9122 Dove Shadou SANANTONIO, TX	N 18230	100.00	;
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
/03	3206 FALLING BRO SAN ANTONIO, TA T	VOK DR. 18258	250,	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
			<del></del>	

## ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME ROGER O. Flore	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:    12	
6 Contributor address; City; State; Zip Code  429 EAST Commo  SAN ANTONIO, TX	7500.°- 5
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Full name of contributor Oct-04-state PAC (10#:  LINEBARGER GOGGAN)  SAMPSON, LL. P  Contributor address; City, State; Zip Code  P.O. POX 17428  AUSTIN TX 78760	Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (10#:_    Z	MR.+MRS  Amount of In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 3522 Ruzk CRCCk SATX 7823	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date  Full name of contributor  Out-of-state PAC (ID#:  12  STEPHEN  Contributor address; City, State; Zip Code  212  MADISON  TH	<b>A</b>
Principal occupation / Job title (See Instructions)	
Contributor address; City, State; Zip Code	Amount of contribution (\$) In-kind contribution description (if applicable)
5AN ANTONIO, TX	18216
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sched	lule A:
2 FILER NAME		0262	3 ACCOUNT # (Ethi	cs Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_  MR. + MR. + R. C. C. A. R. D. W.  6 Contributor address; City; State; Zip Code	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/03	315 TERRELL Rd SAN ANTONIO (T)	078209	250.	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date U	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution Sdescription (ff applicable):
703	P.O. BOX 1600 SAN ANTONIO, T.	×98296	250.	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor   out-of-state PAC (ID#:_ PAU J. Oli V e R  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date ) (/ //2/ //03	Full name of contributor   Out-of-state PAC (ID#:_Phillip D. Green of Contributor address; City, State; Zip Code   157 C. bolo Ridge T   Boerne, TX 780	15	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date  11/ /4/ /03	Full name of contributor   Out-of-state PAC (ID#:_ Richard KARDYS & Contributor address; City; State; Zip Code 417 Ridge MONT SAN ANTON: 0	Tx 78209	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
				<u> </u>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A:				
2 FILERNAME ROGER O. F	FLORES  3 ACCOUNT # (Ethics Commission filers)				
4 Date 5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)				
6 Contributor address; City; State; Zip Code 211 Luther SAN ANTUNIU, T	18212 50.00 E				
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)				
Full name of contributor Owl-of-state PAC (IDIT)  W'II'AM LERBY PO  Contributor address; City, State; Zip Code  3227 Es TATE V', ew	Amount of In-kind contribution (\$)  Proti				
3 227 ESTATE V; ew SANANTONIO, TX	DR. 50.00				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date  Full name of contributor  ONID W. Beck or NAM  Contributor address; City, State; Zip Code  ROAS RIADA DI  NEW BRAUN Fels T	\$ 5000				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date Full name of contributor   out-of-state PAC (1D#:	p/ \$57,00				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Date  Full name of contributor    Out-of-state PAC (ID#:	Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	ROGER O. Flor	_es	3 ACCOUNT # (Etr	nics Commission filers)
1 Date	5 Full name of contributor   Out-of-state PAC (IDE)  Edward E. WhitA  6 Contributor address; City: State: Zip Code  155 Bush Nell  SAN ANTONIO / X	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)  £ 250. vd	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
t (/ //3/ /03	Full name of contributor Out-of-state PAC (ID#_  SCOTT PETTY, J  Contributor address; City; State; Zip Code  711 NAMARRO Su,  3ANANTON, U, TX	r. 1e 235 18205	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Oate	Full name of contributor out-of-state PAC (ID#:_B; J, McCombs  Contributor address; City; State; Zip Code  755 E Mulberry  S, ATX 782/2	Ste 600	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date  II///03  Principal occur	Full name of contributor Out-of-state PAC (IDH:_  WM D. We Ather & So  Contributor address; City; State; Zip Code  219 Anne Lecu's DR  SANAWTUNIO, TX  Dation / Job title (See Instructions)		Amount of contribution (\$)	In-kind contribution description (if applicable)
Date  (1/4/6/3  Principal occup	Full name of contributor Out-of-state PAC (ID#:	0 MACK II to 40 4 \$278205 Employer (See Ins	Amount of contribution (\$)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The bu-				
	on Guide explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAME 4 Date	KOGER (), Flore	5	3 ACCOUNT # (EI	hics Commission filers)
( )	5 Full name of contributor out-of-state PAC (IDX: RF. Me GOON OR N 6 Contributor address; City, State: Zin Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/9/03	6 Contributor address; City; State; Zip Code 3700 BLANCO Rd 3,A,TX 78212		500.°°	
Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (IDH:		Amount of	<b></b>
11//	LARRY TOR REGIONA	A. RADA	contribution (\$)	In-kind contribution description (if spplicable)
11/03	Contributor address; City; State; Zip Code 8814 Callaghan	Pd	\$500.00	: 100 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Principal occur	pation/Job title (See Instructions)	78230		
	causin, sob title (see mistructions)	Employer (See Ins	tructions)	
Date 1//	Full name of contributor   out-of-state PAC (10#   ARNO Id or MARIE F.		Amount of contribution (\$)	In-kind contribution description (if applicable)
20/	Contributor address; City, State; Zip Code  200 PATTERSON A  5ATX 78209	ve #406	100.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor Out-of-state PAC (1D#:	27	Amount of contribution (\$)	In-kind contribution description (if applicable)
118/	Contributor address; City: State: Zip Code (834 PAIS/EY  BANANTON, UTX	2022	\$300.°°	
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
Date	Eddomorf	, , , , , , , , , , , , , , , , , , , ,		
1/18/03	Full name of contributor Out-of-state PAC (ID#:  PORTER LORINS III  Contributor address; City, State; Zip Code  P. O. Box 1246  SAN ANTONIO IX	OR LYNN	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instr	uctions)	
	ATTACH ADDITIONAL COPIES			

# **POLITICAL CONTRIBUTIONS**

OTHE	R THAN PLEDGES OR LOA	NS		SCHEDULE A
The INSTRUCT	TION GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAM			3 4000111711 -	
4 Date	Roger O. A.		3 ACCOUNT # (EI	thics Commission filers)
1 1 "	5 Full name of contributor Out-of-state PAC (ID.	#:	7 Amount of	8 In-kind contribution
14/1/	AleJANDRO'S Spits	Γ	contribution (\$)	description (if applicable)
124	6 Contributor address; City; State; Zip Coc	le	10	
103	1510 W. Commers SANANTONIO, TX	cre st	2000	<u> </u>
9 Principal occ	upation/Job title (See Instructions)			
		10 Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#		) Amount of	
10/	Contributor address; City, State; Zip Cood	3A -	contribution (\$)	In-kind contribution description (if applicable)
10/29/	Contributor address; City; State; Zip Code	ervs of Amer	- 1	f Ago
103			50.00	<u>a</u> = = = = = = = = = = = = = = = = = = =
Principal occ	pation / Job title (See Instructions)			
	perior / 300 title (See Instructions)	Employer (See In	estructions)	
Date	Full name of contributorout-of-state PAC (ID#:			
11/1	Ale JANDRO G. MA	CIAS	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/4/	Contributor address; City; State; Zip Code	•	1	
1103	1506 West Com,	nerce	100,00	
7	L SATX 7820-	7	100,	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:			
11//	BERNARD L. Lifs	shultz)	Amount of contribution (\$)	In-kind contribution description (if applicable)
125/	Contributor address; City; State; Zip Code		$\mathcal{A}$	,
103	215W TRAVIS S	<del>/</del>	500,00	
	SAN ANTON, O TIX	1820	300- 1	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		A	
N/	RABB. BARRY H.Bloo	cl	Amount of contribution (\$)	In-kind contribution description (if applicable)
129/	Contributor address; City, State; Zip Code	Wier M.D.	# i	
1/03	228 PRIMERA		25 00 !	
Principal	SAN ANTONIO	1X78212	,	
i-micipal occup	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
	ATTACH ADDITIONAL CORIES	OF THE FOR-		I

AL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OF LOAMS

#### SCHEDULE A

The INSTRUCTA	ON GUIDE explains how to complete this form.		1 Total pages Scho	edule A:
FILER NAM	ROSER O. P	lores	3 ACCOUNT # (Et	hics Commission filers)
Date	5 Full name of contributor out-of-state PAC (I	PNENI	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
130/63	208 CASTIE GA SAN ANTON, UTX	RDENS DR. 18213	250.00	9 0 0
	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	<u>5</u> − ₹20
Date   2	Full name of contributor   Out-of-state PAC (III  J. P. ZACHARY  Contributor address; City; State; Zip Co	de . /	Amount of contribution (\$)	In-lond contribution description (if applicable
Principal occup	SANANTONIO TXT	Employer (See Ir	nstructions)	
Date				
11/21/03	Full name of contributor Out-of-state, PAC (ID)  VAME & L. BRAW TON, SMM  Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor All Particles (See Institute Contributor)	nton hall P.C.	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor   out-of-state PAC (ID)  CIARK K. MAND IC  Contributor address; City; State; Zip Cod  317 Geneseo	GO, MR, HNRS,	Amount of contribution (\$)	In-kind contribution description (if applicable)
	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date 11//11/03	Full name of contributor Out-of-state PAC (ID# RD H. CAVO)  CONTRIBUTE OF S.A.  Contributor address; City, State; Zip Code  5720 N.W. LUOP  SANANTON: 0	+10	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ition / Job title (See Instructions)	Employer (See Ins	<del> </del>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A

	OTTER THAN FLEDGES OR LOANS					
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:	
2	FILER NAME		0285	3 ACCOUNT # (Etr	nics Commission filers)	
4	Date 1/24/03	5 Full name of contributor Out-of-state PAC (ID#:  H.B., Z.A.C.I.A.R.Y.  6 Contributor address; City; State; Zip Code  3105. St. MARY	15 #2500	7 Amount of contribution (\$)  \$\frac{4}{500}.000000000000000000000000000000000	8 In-kind contribution description (if applicable)	
9	Principal occup	Dation / Job title (See Instructions)	10 Employer (See In	structions)		
			10 == ,= (====		<u> </u>	
	Date	Full name of contributor $\square$ out-of-state PAC (1D#:_ $\bot PAC$	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code  2925 BRIARPARK  HUUSTON TX		50.00	LEXX	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor Out-of-state PAC (ID#:  ELWARD K. KOPP	low	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City, State; Zip Code 7744 BROALWAY, SAN ANTON, O, TY	Suite 210 18209	500.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor   Out-of-state PAC (ID#:_ SECO L+d.  Contributor address; City; State; Zip Code  9033 ACRU, STE		Amount of contribution (\$)  \$\frac{1}{2}50.	In-kind contribution description (if applicable)	
	Principal occup	oation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	SANBATONIOTX	ck -w 78240	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A

The Instruction G	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	ROGER O. Fl	ores	3 ACCOUNT # (Eth	ics Commission filers)
4 Date 5	PATRICK J. KENNE	ery, JR.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/03	Contributor address; City; State; Zip Code  112 E. PECAN, Su:  SANANTON: 0, 1	te 2550 x 18205	\$250,00	۷۲ % ۸۱۱۵
9 Principal occupat	ion / Job title (See Instructions)	10 Employer (See In:	structions)	<u> </u>
Date	Full name of contributor   Out-of-state PAC (ID#:	AS PR	Amount of contribution (\$)	In-kind contribution description (if applicable)
/21/63	POBOX 1563 SAN ANTONIO, TX	~	7250,00	<u>်</u> - ၁
Principal occupat	ion / Job title (See Instructions)	Employer (See Ins	structions)	
Date 1 / 4 / 7 / 2	Full name of contributor Out-of-state PAC (ID#:_  Pober+J CARAbi  Contributor address; City; State; Zip Code  2/0 LAVACA	NOR JOAN C	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	SAN ANTON.O. IX	78210		
Principal occupat	tion / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:	<del>/</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
21/	Contributor address; City, State; Zip Code 8711 PRINCE LLei	, , , , , , , , ,	50.00	
Principal occupat	cion / Job title (See Instructions)	Employer (See In:	structions)	
Date [[]	Full name of contributor Out-of-state PAC (ID#:  ADOLFO AGUILAR OR  Contributor address; City, State; Zip Code	ise/A FIRARD	Amount of contribution (\$)	In-kind contribution description (if applicable)
103	20735 Cielo VistA SAN ANTONIO, IX	78255	100.00	
Principal occupat	ion / Job title (See Instructions)	Employer (See In:	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAME		2e2	3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	u BOY	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/03	6 Contributor address; City, State; Zip Code	78212	#15,00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor   out-of-state PAC (ID#:_   PAU A OWER  Contributor address; City; State; Zip Code  320 College Blv	0_	Amount of contribution (\$)	In-kind contribution description (if application
Principal occup	SAN ANTON, O, TX pation / Job title (See Instructions)	28209 Employer (See In	structions)	[
Date (1/2//2//2/)	Full name of contributor Out-of-state PAC (ID#: GEORSE W. Neus De Contributor address; City; State; Zip Code 1023 AVE B. #1	entera	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date ((// / / / / / / / / / / / / / / / / /	Full name of contributor   out-of-state PAC (1D#:	's ste 1200	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:  UAN M. VAICNZU  Contributor address; City; State; Zip Code	elapilar	Amount of contribution (\$)	In-kind contribution description (if applicable)
/03	SAWANTONIO, TX	78215	"/00,"	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	4 \ (	.es	3 ACCOUNT # (Etr	nics Commission filers)
4 Date	5 Full name of contributor ON-of-state PAC (ID#:_ RAIPh LERNANDE 6 Contributor address; City: State; Zip Code 1902 S_ LACK be SAN ANTONIO, TX	- cey	7 Amount of contribution (\$)	8 In-kind contribution description (4 applicable)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	:
Date 11/4/	Full name of contributor   Out-of-state PAC (ID#:_LUIS RUDER+O VERY Contributor address; City, State; Zip Code 1055, S+, MARY, SAN ANTONIU, TK7	JU, TE 2100	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date  ( 0 /3   / 0 -3 )  Principal occur	Full name of contributor Out-of-state PAC (IDIT:  Gibert J. Mukil  Contributor address; City, State; Zip Code  306 Brahan Blud  San Antonio (TX)	UO ATNN	Amount of fontribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor Out-of-state PAC (ID#: William F. Fout-Rid Contributor address; City; State; Zip Code	SC * MARJURIE	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	oation / Job title (See Instructions)	Employer (See In	structions)	
Oate (1/4/03)	Eull name of contributor   out-of-state PAC (ID#:_ RAL fh	18210	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The Instruction Gu	DIDE explains how to complete this form.		1 Total pages Sched	dule A:
2 FILER NAME	ROGER O. HOR	es	3 ACCOUNT # (Eth	ics Commission filers)
	Full name of contributor Out-of-state PAC (ID#:	GALINDO	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12403 6	Contributor address; City; State; Zip Code P.O. POX 12217 SAN ANTONIO, TX		100.00	NWF 110
9 Principal occupation	on / Job title (See Instructions)	10 Employer (See In	structions)	2
103	Full name of contributor   Out-of-state PAC (ID#: DAU I & C SY   V A B SO + C Contributor address; City, State; Zip Code 730 W. King S H W y SAN ANTON 10, TX on/Job title (See Instructions)		Amount of contribution (\$)	In-kind contribution
Date /	Full name of contributor Out-of-state PAC (IDH)  RICHARD C.ALAM, D.  Contributor address; City; State; Zip Code  28 29 BABCOCK Rd  SAN ANTON, U, TX	Suite 15	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation	on / Job title (See Instructions)	Employer (See In:	structions)	
Date 11/4 21/03	Full name of contributor Out-of-state PAC (ID#)  Saniel J. Lasert  Contributor address; City: State: Zip Code  3+20 Memorial  Alexandria VA		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupatio	n / Job title (See Instructions)	Employer (See Ins	structions)	
Date 11/24/	Full name of contributor   out-of-state PAC (ID#:	•	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupatio	n / Job title (See Instructions)	Employer (See Ins	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Sched	dule A:
2 FILER NAME ROSER O. FL	ores	3 ACCOUNT # (Eth	ics Commission filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of	9 In kind as this size
Milton Guess	)	contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code		#	2 6
27 Son Navarro		1/22101	4
103 SANTHOON, O, TX	78205	100.	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Ins	structions)	<u> </u>
		,	
Date Full name of contributor □ out-of-state PAC (ID#:	1	Amount of	le trial a la
11/, GENE CAMARGO OF	RANA	contribution (\$)	In-kind contribution description (trapplication)
Contributor address; City, State; Zip Code	·	- 10	
1843 Mas molia		50	`~
103 SANANTONIO, T	78701		
Principal occupation / Job title (See Instructions)	Employer (See Ins	tructions)	
, and the second		,	
Date Full name of contributor Out-of-state PAC (ID#:			
W/ Chuck or B.J. Tou	douze	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code	<i>c i</i>	(77)	
103 800 BYENA VistA	1	100	
Principal occupation / Job title (See Instructions)		1	
	Employer (See Ins	structions)	
Date Full name of contributor □ out-of-state PAC (ID#:	1	Amount of	In-kind contribution
11/ DR. Thomas A. Tiller	2 D.DS	contribution (\$)	description (if applicable)
Contributor address; City; State; Zip Code			
102 817 Saint Michael		100.00	
GONZAlez TX 7	18629	1	
Principal occupation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date Full name of contributor Dat of state PAC (19)			
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/ 1 HIDERTO HCEVEDO,	UR	σσιπιεσικείτ (Φ)	description (if applicable)
Contributor address; City; State; Zip Code		<b>4</b> !	
10/00 PO BOX 47728	Y	120000	
SAN ANTONIO TX	78265	0,00	
Principal occupation / Job title (See Instructions)	Employer (See Ins	tructions)	
		- 2000 is)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

т	Гће Маткистко	GUIDE explains how to complete this form.		1 Total pages Scher	dule A:
2 F	TLER NAME	ROGER O. Flor	e 2	3 ACCOUNT # (Eth	ics Commission filers)
4	Date	5 Full name of contributor   out-of-state PAC (10#:_  JACK J. Spector Cr	++h leen	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
The state of the s	119/03	6 Contributor address; City: State; Zip Code 227 Devine SAN ANTONIO, TX	78209	\$100.00	ĈĮ JĮ
9 F	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	0F S
1	Date 19/9	Full name of contributor Out-of-state PAC (ID#:_  PA+RiCiA GA/f S  Contributor address; City; State; Zip Code  P-O. Bg X (866	teves	Amount of contribution (\$)	In-kind contribution description of applicable
F	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
ĺ	Date 1/20/	Full name of contributor   out-of-state PAC (10#:_  Christopher 5. Cop  Contributor address; City, State; Zip Code  326 Shannon Lee  5ATex 78216	PELAND	Amount of contribution (\$)	In-kind contribution description (if applicable)
F	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
F	Date  [ ]  / J  / O  Principal occup	Full name of contributor   out-of-state PAC (ID#:	-Col. Loretta	\$ 250.00	In-kind contribution description (if applicable)
	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
1	21/03	DAVID SONETROILOAPC Committee for Civic Contributor address; City, State; Zip Code 7550 West IHO, E SAN ANTONIO, TX 78	Suite 800	Econtribution (\$)	description (if applicable)
F	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:				
2 FILER NAME		es	3 ACCOUNT # (Etr	tics Commission filers)		
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution		
1/4/	MARY ANN NOONAN	anc rra	contribution (\$)	description (if applicable)		
21/	6 Contributor address; City; State; Zip Code			ာ င		
102	125 E HuisAche		500	<b>t</b>		
	SAN AN TONIO, TX	170212	50.	≘ී ඉලි		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
				J 321		
Date	Full name of contributor Out-of-state PAC (ID#:	}	Amount of	In-kind contribution		
11/	Alvaru Cizo PA	TRON	contribution (\$)	description (if applicable)		
24/	Contributor address; City; State; Zip Code		4	$\omega$ $\Xi$		
121/	125 E. Duisache		1/2 50	- O		
103	SA. TX 78212		) //. I			
Progral occur	pation / Job title (See Instructions)					
		Employer (See In:	structions)			
Date	Full name of contributorout-of-state PAC (ID#:	1	Amount of	In kind and the		
1//	Elizabeth Tol	SIAS	contribution (\$)	In-kind contribution description (if applicable)		
124	13506 Pueblo S	PRINSS DR	-0°			
/0 5	SAN ANTONOTY		50.			
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)			
		(330				
Date	Full name of contributor Out-of-stale PAC (ID#:	)	Amount of	In-kind contribution		
11/	SANANTONIO Firefish	al PAC	contribution (\$)	description (if applicable)		
14,/	Contributor address; City; State; Zip Code	CRS TIC	f = a			
124/	8925 West IH10		\$-2000			
02	STES WEST ANTO	4 ( - ( -	1500 i			
	DAN ANTON D, TX	18530				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date	Full name of contributor Out-of-state PAC (ID#:		A			
11/	Roll Labor	1/ 1/ 1	Amount of contribution (\$)	In-kind contribution description (if applicable)		
W	111111 MADORDE	or KAthleen	1	ŕ		
1241	Contributor address; City; State; Zip Code		\$000 !			
103	120 Cedar	Nenin	150.			
Principal occio	ation / Job title (See Instructions)	10210				
- пофагоссир	auori / Journal (See Instructions)	Employer (See Ins	structions)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Date 7 Amount of In-kind contribution MR, +MR3 FRANK Sepulveda. 6 Contributor address; City; State; Zip Code contribution (\$) description (if applicable) 211 Mecca DR. Principal occupation / Job title (See Instructions) 10 Fmnlover / See Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable City; State; Zip Code 4026 Glen Rock Employer (See Instructions) Full name of contributor Date Amount of In-kind contribution Leonel Reyes, JR. M.D. Contributor address; City, State; Zip Code 311 CAMDEN St Ste 104 contribution (\$) description (if applicable)

Date

Contributor address; City, State; Zip Code

ontribution (\$) 816 CAMARON, Suite 209

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution (\$)

Amount of

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:				
2	FILER NAME ROGER O. Flores		3 ACCOUNT # (Ethics Commission filers)				
4	0ate  11/ /24/	5 Full name of contributor   Out-of-state PAC (ID#:_   RONALL B. or Hele   6 Contributor address; City: State; Zip Code   234 E. LULLWOOL   SANANTONIOTAL		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9	Principal occup	Dation / Job title (See Instructions)	10 Employer (See Ins	structions)	5 520		
	To Employer (See instructions)						
	Date	Full name of contributor   out-of-state PAC (ID#:  AL'DA ALAM, If  Contributor address; City, State; Zip Code  149 E. Mulberk  34NANTON, O, TI	1A 1/ 182 (2	Amount of contribution (\$)	In-kind contribution description applicable)		
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Date	Full name of contributor   Out-of-state PAC (ID#)  HANS B. URMINERVA  Contributor address; City, State; Zip Code  407 Rio Seco  SANAWTON, O, TX		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	Date 129/29/03	Full name of contributor   out-of-state PAC (10#;  Alfons o his CANO Contributor address; City, State; Zig Code (5243 Pebble CON SAN ANTON, O, TX	e.	Amount of contribution (\$) 500.	In-kind contribution description (if applicable)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)			
	Date	Full name of contributor out-of-state PAC (ID#:_  Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
				! !			
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F				
The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 3				
2 FILERNAME ROGER O. Flore	3 ACCOUNT # (Ethics Commission filers)				
4 Date 5 Payee name  FAS CLAM DI + +  6 Payee address; City, State; Zip Code  403 E Ramser  SAN AMON U T	7 Amount (s) 450 00 25 25 25 25 25 25 25 25 25 25 25 25 25				
8 Purpose of payment (See instructions regarding type of information required.)  Stationary Supplies	9 •• Complete if direct expenditure to benefit C/OH •• CO C Candidate / Officeholder name Office sought Office beds				
Payee name  Payee name  Payee address; City; State; Zip Code  S. St. Mary'S  SATEV 78	holic Foothall 55.00				
Purpose of payment (See instructions regarding type of information required.)  Odvy w PMAM	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Payee ratine  8/3/ Payee address; City, State; Zip Code  13/3  Payee address; City, State; Zip Code  Amon	ster Club 45.00				
Purpose of payment (See instructions regarding type of information required.)  Oddys. Fith Juman.	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held				
Date  Payee name  Wittiss Off  Payee address; City: State; Zip Code  13ROAJWAY  SANANTON, U	ce Furniture \$161.82 ex 782				
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

Revised 11/05/2003

11/1/03

Payee name

Dalas William

Payee address; City; State; Zip Code

60./

Amount

Purpose of payment (See instructions regarding type of information required.)

Sign/Couvulman

\*\* Complete if direct expenditure to benefit C/OH \*\*
Candidate / Officeholder name Office sought

sought Office held

2 FILER NAME

Date

required.)

Date

required.)

Date

Purpose of payment (See in

Pavee name

Purpose of payment (See instructions regarding type of information

Date

Space Frs.

· Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED